

Accessibility June 2019

Access to care is a concept that can be measured in many ways. Some frequently seen means of looking at access to care include:

- The number of days it takes to get into care when one makes the request;
- The distance one needs to travel to receive care;
- The hours crisis care is available and how long one needs to wait to receive crisis care; and
- The numbers of persons receiving care from populations that are typically underserved.

Some information on these dimensions is summarized below.

Results for DHHS performance indicators related to Access to care for FY18

99% of persons requesting a pre-admission screening for psychiatric hospitalization had the decision made within 3 hours. DCH performance standard 95%

100% of persons requesting non-emergency service received a face to face assessment with a professional within 14 calendar days. DCH performance standard 95%

100% of persons requesting service after receiving an assessment received a face to face service within 14 calendar days. DCH performance standard 95%

100% of persons discharged from psychiatric inpatient unit have been provided a face to face service within 7 calendar days. DCH performance standard 95%

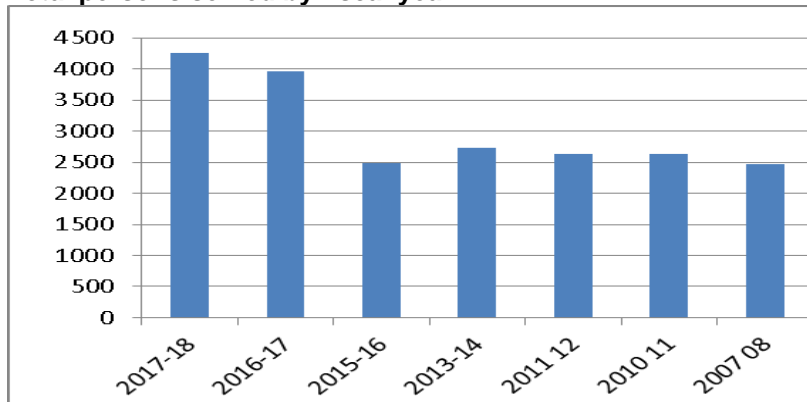
Other factors contributing to accessibility of services

- **Services available at 8 sites located throughout the county. Most services are provided on an outreach basis.**
- **Initial assessments are offered on a walk in basis so persons do not need to wait for an appointment.**
- **Crisis services offered at VBCMh locations throughout the county as well as at both hospital emergency rooms and jail.**
- **Crisis services available 24 hours a day 365 days per year accessible through toll free phone line.**

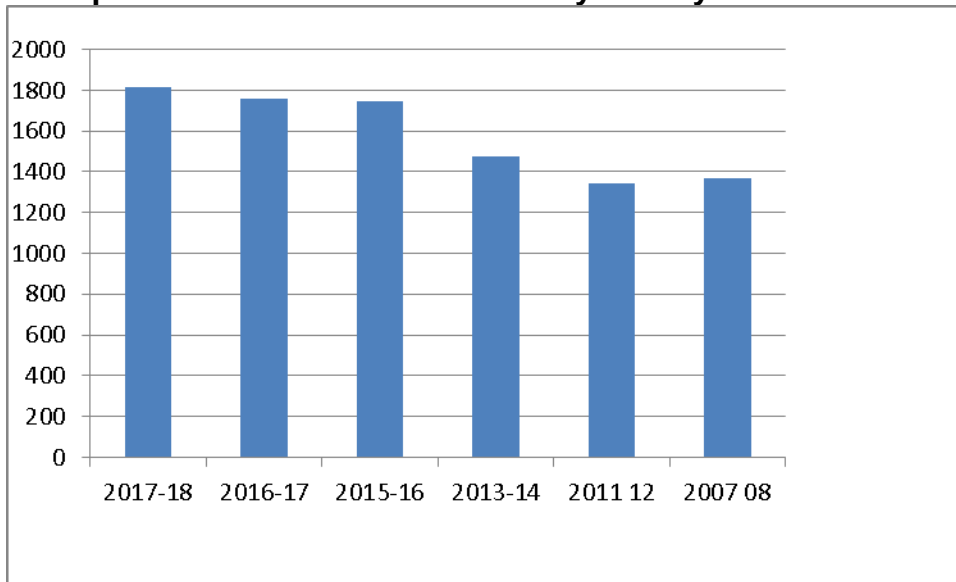
Persons served by fiscal year: Multi year comparison

Persons with Medicaid, children, and persons of ethnic minority are often considered to be underserved in the mental health system nationally. VBCMh continued to serve a higher number of customers in each of these groups than in the baseline year of 2007-2008 (and years earlier than that). The overall number of persons served increased dramatically two years ago due to the addition of treatment and prevention services for Substance Use Disorders. The number had decreased in 2015-16 due to the financial constraints on the non-Medicaid revenue. Persons are only counted as served if they receive a face to face service. Many persons without Medicaid are served through phone intake and referral to other providers.

Total persons served by fiscal year

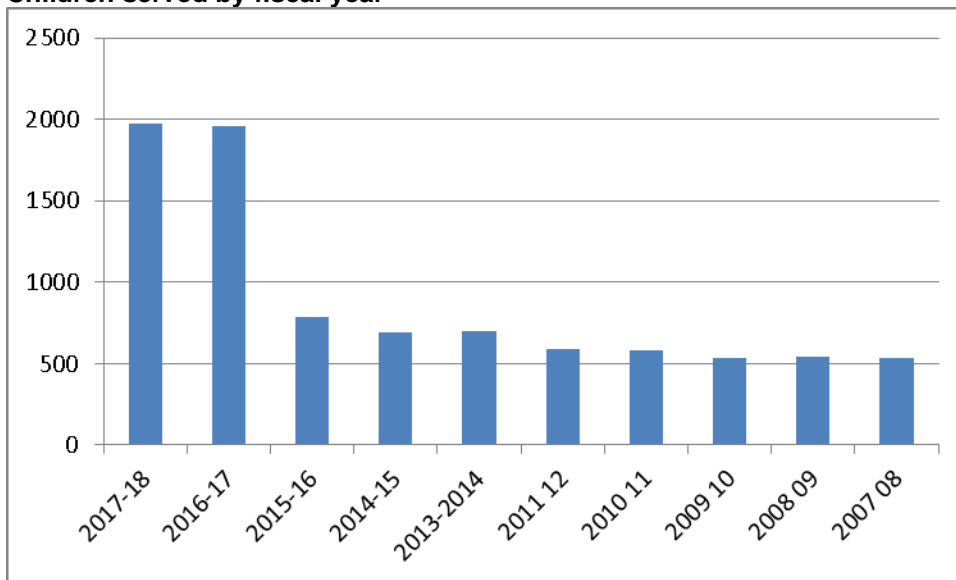


Total persons with Medicaid served by fiscal year



The numbers of persons served enrolled in Medicaid increased last year. This number includes those served in SUD treatment services but insurance status is not collected for those receiving face to face prevention services.

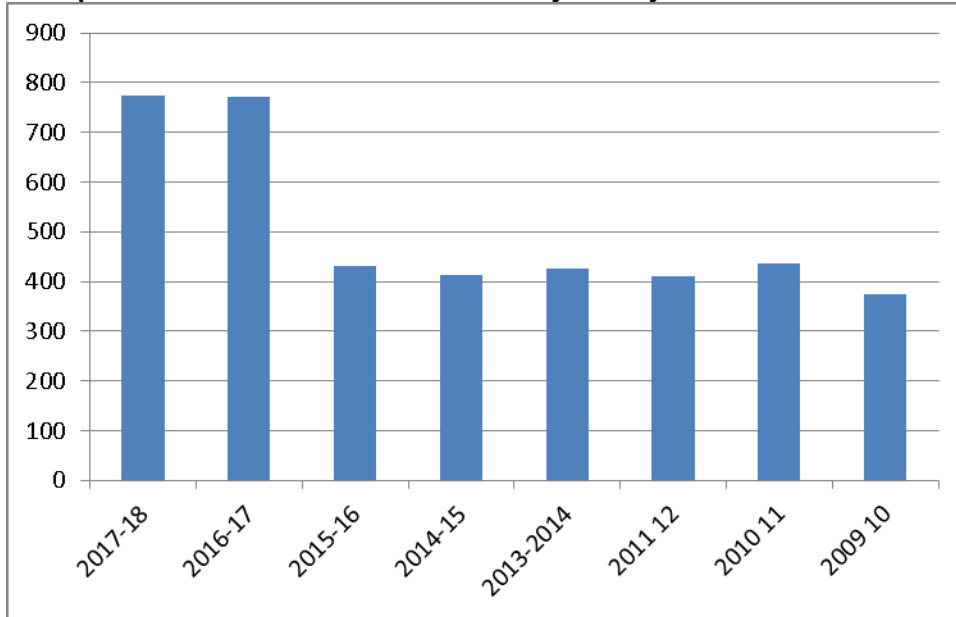
Children served by fiscal year



Total number of children served in 2017-2018 was a new all-time high. 2018 was higher than previous year when SUD services were added. The all time high prior to the addition of SUD services was 782. This past year the new high number of youth served was 1,978. Youth served by SUD face to face prevention services are included in this number. The steady increase in children served is especially significant since the estimated child population of Van Buren has decreased by more than 10% in the past decade.

Total customers of ethnic minorities served increased significantly two years ago due to the addition of SUD treatment and prevention services. The numbers served held steady (increased by 4) in fiscal year 2018 as compared with fiscal year 2017.

Total persons of ethnic minorities served by fiscal year



Efforts to provide outreach to traditionally underserved populations have been successful. Efforts in this area continue.